



ATTORNEY DOCKET NO.: 051252-5020
Application S.N. 09/605,654

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jeff PACE et al.,

Application No.: 09/605,654

Filed: June 28, 2000

For: FUEL INJECTOR HAVING A
MODIFIED SEAT
FOR ENHANCED COMPRESSED NATURAL
GAS JET MIXING

Group Art Unit: 3752

Examiner: Kim, C.

RECEIVED

JUN 23 2003

TECHNOLOGY CENTER R3700

Commissioner of Patents and Trademarks
Washington, D.C. 20231

AMENDMENT TRANSMITTAL FORM

1. Transmitted herewith is an Amendment responding to the non-final Office Action dated 19 March 2003.
2. Additional papers enclosed.

☐ Drawings: ☐ Formal ☐ Informal (Corrections)
☐ Information Disclosure Statement

3. **EXTENSION OF TIME**

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136(a) apply.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

☐ Applicant petitions for an extension of time, the fees for which are set out in 37 CFR 1.17(a)-(d), for the total number of months checked below:

<u>Total months requested</u>	<u>Fee for extension</u>	<u>[fee for Small Entity]</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 410.00	\$205.00
<input type="checkbox"/> three months	\$ 930.00	\$465.00
<input type="checkbox"/> four months	\$1,450.00	\$725.00

Extension of time fee due with this request: \$0.00

If an additional extension of time is required, please consider this a Petition therefor.

☐ An extension for __ months has already been secured and the fee paid therefor of \$____ is deducted from the total fee due for the total months of extension now requested.

4. Fee Calculation

CLAIMS AS AMENDED						
	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	at Rate of	Total Fees
Total Claims	24	minus	24	0	x \$18.00 each=	+ \$00.00
Independent Claims	3	minus	3	0	x \$84.00 each=	+ \$0.00
[] First presentation of Multiple dependent claim(s)					\$280.00	+ \$
SUB-TOTAL =						\$00.00
Reduction by 1/2 for filing by a small entity						- \$
TOTAL FEE =						\$00.00

5. Fee Payment

[X] No fee is to be paid at this time.

[] Please charge the **Deposit Account No. No. 50-0310** in the amount of **\$0.00**.

[X] The Commissioner is hereby authorized to charge any fees including fees due under 37 CFR §1.16 and §1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0310.

Respectfully submitted,
MORGAN, LEWIS & BOCKIUS

By: 

Khoi Q. Ta
Reg. No. 47,300

Dated: 19 June 2003
Customer No. 009629
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